MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

08318

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 hrs. 45 mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
STREET ADDRESS (If rural, give location) Brookview

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Wayne (Last) Abbott
4. DATE OF DEATH (Month) August (Day) 15 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 7, 1951
9. AGE last birthday yrs. If under 1 year Months 3 Days 8 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY ——
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Darcy L. Abbott
14. MOTHER'S MAIDEN NAME Doris Jewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Darcy L. Abbott, Rhodesdale, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Intracranial injury | 8 hrs |
| 819.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Multiple fractures of skull | 8 hrs |
| 170c | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Hurlock (COUNTY) Dor. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-15-51 3P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto struck pole.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John Moore Jr. M.D. ADDRESS Cambridge Md. Medical Examiner Dor. County DATE SIGNED 8/16/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 17, 1951
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REG. 8/16/51
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR ADDRESS J. J. Framptom and Son, Federalsburg, Md.

90 5671 99V990

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Not CB

08319

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 294

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Talbot MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Pa COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne — LENGTH OF STAY (in this place) 5 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Royal |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) |

3. NAME OF DECEASED (Type or Print) (First) George (Middle) King (Last) Bashore — 4. DATE OF DEATH (Month) Aug (Day) 13 (Year) 1951

5. SEX male — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married — 8. DATE OF BIRTH June 16, 1877 — 9. AGE last birthday 74 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work alone during most of working life, even if retired) Retired Insurance man — 10b. KIND OF BUSINESS OR INDUSTRY Life Insurance — 11. BIRTHPLACE (State or foreign country) Port Royal, Pa — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Bashore — 14. MOTHER'S MAIDEN NAME Phoebe Nash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no — 16. SOCIAL SECURITY No. 213-05-3744 — 17. INFORMANT AND ADDRESS Mrs Sarah E. Bashore, Claiborne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction — Instant

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Years

93d (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4, 1951, to 6/13, 1951, that I last saw the deceased alive on 6/13, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE Shepard Krech Jr (Degree or title) M.D. ADDRESS Easton DATE SIGNED 8/14/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Aug 1951 — NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. Aug. 14-51 — REGISTRAR'S SIGNATURE G. Wesley Sewell — 24. FUNERAL DIRECTOR Newnam & Harrison — ADDRESS St. Michaels Md

450736

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. A15

RECEIVED
AUG 16 1951
BUREAU V. S.

08320

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 46 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Bently
4. DATE OF DEATH (Month) Aug (Day) 31 (Year) 1951

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 20, 1887
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Howard
14. MOTHER'S MAIDEN NAME Emily Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Lawrence Bentley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH yes

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1951, to Aug 31, 1951, that I last saw the deceased alive on Aug 31, 1951, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE M. F. Burell (Degree or title) Md ADDRESS Easton Md DATE SIGNED 9-1-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/2/51
NAME OF CEMETERY OR CREMATORY St. Pauls
LOCATION (City, town, or county) Royal Oak (State) Md

DATE REC'D BY LOCAL REG. 9/1/51
REGISTRAR'S SIGNATURE N. H. Neiries
24. FUNERAL DIRECTOR John L. Williams ADDRESS Easton per W. Frampton Carroll Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 11 1951
BUREAU V. S.

08321

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford. LENGTH OF STAY (in this place) Nearly all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Amy (Middle) Lee (Last) Blann

4. DATE OF DEATH (Month) Aug. (Day) 25, (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH Oct. 17, 1877

9. AGE last birthday 73 yrs. If under 1 year Months 10 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Chestertown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Martin Hubbard.

14. MOTHER'S MAIDEN NAME Mary Hester Hubbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Betty Blann Landon Niagara Falls N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypernephroma, rt — Interval Between Onset and Death: 1 yr

180X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

52a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1951, to 8/25, 1951, that I last saw the deceased alive on 8/25, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE B. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 8/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE THEREOF 8/28/51 NAME OF CEMETERY OR CREMATORY Oxford LOCATION (City, town, or county) Oxford Md. (State)

DATE REC'D BY LOCAL REG. 8/26/51 REGISTRAR'S SIGNATURE N. H. Neerus 24. FUNERAL DIRECTOR Maurice C. Newnam & Son ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 7 1951
BUREAU V. S.

08322

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Wasc. ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mac (Middle) (Last) Bowen
4. DATE OF DEATH (Month) Aug (Day) 6 (Year) 1951
5. SEX Male
6. COLOR OR RACE black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | Immed |
| 420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Whaty MD (Degree or title) D MG. ADDRESS Easton Md. DATE SIGNED 8-6-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8/7/51 NAME OF CEMETERY OR CREMATORY Berlin LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REC. 8/7/51 REGISTRAR'S SIGNATURE N. H. Neirius
24. FUNERAL DIRECTOR Lewis H Baynum ADDRESS Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 11 1951
BUREAU V. S.

08323

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Md
STREET ADDRESS (If rural, give location): 200 South Aurora

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Margaret Bromwell
4. DATE OF DEATH (Month) (Day) (Year): Aug 8 1951

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 5, 1872
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Phila. Pa
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Samuel Grahm
14. MOTHER'S MAIDEN NAME: Margaret Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mr George B Bromwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Hemorrhage — 2 days.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — 1 year.

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1951, to 8/8, 1951, that I last saw the deceased alive on 8/8, 1951, and that death occurred at 12 35 p.m., from the causes and on the date stated above.

SIGNATURE: Shepard Kreck Jr — (Degree or title): M.D. — ADDRESS: Easton — DATE SIGNED: 8/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 10th 51 — NAME OF CEMETERY OR CREMATORY: Oxford Cemetery — LOCATION (City, town, or county) (State): Oxford Md

DATE REC'D BY LOCAL REG.: 8/9/51 — REGISTRAR'S SIGNATURE: N. H. Neiries — 24. FUNERAL DIRECTOR: John R Williams — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 1951
BUREAU V. S.

08324

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co — Easton. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) A (Last) Brown
4. DATE OF DEATH (Month) Aug (Day) 7 (Year) 1951
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Sept 30, 1881
9. AGE last birthday 69. yrs. — If under 1 year Months | Days — If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Nicholas Brown
14. MOTHER'S MAIDEN NAME Hester Freeman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Henrietta Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Septicemia — 1-2 wks.

692.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple abscess.

152 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Aug, 1951, to 7 Aug, 1951, that I last saw the deceased alive on 7 Aug, 1951, and that death occurred at 4 30 pm m., from the causes and on the date stated above.

SIGNATURE H. F. Kunmanier (Degree or title) M.D. — ADDRESS Easton, Md. — DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8/9/51 — NAME OF CEMETERY OR CREMATORY Wittman Md — LOCATION (City, town, or county) Wittman (State) Md
DATE REC'D BY LOCAL REG. 8/8/51 — REGISTRAR'S SIGNATURE N. H. Neirus — 24. FUNERAL DIRECTOR Norman D. Marshall — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS A15

RECEIVED
AUG 15 1951
BUREAU V. S.

08325

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Dorothy Carol (Last) Cooper
4. DATE OF DEATH (Month) August (Day) 26 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 11, 1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr James H. Cooper
14. MOTHER'S MAIDEN NAME Sarah Eley Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Mrs Daniel Blades. Sherwood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Chronic Myelogenous Leukemia | 6 mos. |
| 204.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| 74a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 7 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1951, to Aug 26, 1951, that I last saw the deceased alive on Aug. 26, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE Sherwood Krech Jr (Degree or title) M.D. ADDRESS Easton DATE SIGNED 8/29/51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Aug. 28-51
NAME OF CEMETERY OR CREMATORY Tilghman Methodist
LOCATION (City, town, or county) Tilghman. (State) Md

DATE REC'D BY LOCAL REG. 8/27/51
REGISTRAR'S SIGNATURE N. H. Neerix
24. FUNERAL DIRECTOR J. Lieds Moore ADDRESS Tilghman Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1951
BUREAU V. S.

08326

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY Talbot ~~Easton Memorial Hospital~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 26 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) B (Last) Davis
4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct 1, 1906
9. AGE last birthday 44 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr George Butler
14. MOTHER'S MAIDEN NAME Mary Rhodes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mr. Robert Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 2nd & 3rd degree Burns-Body — 28 hrs +

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

181 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) in Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 8 (Day) 24 (Year) 51 (Hour) 7:10 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? cigarette in bed (?)

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Aug 26, 1951, and that death occurred at 2:10 am m., from the causes and on the date stated above.

SIGNATURE Louis Whitty (Degree or title) MD D ME — ADDRESS Easton Md — DATE SIGNED 8-27-51

23. BURIAL, CREMATION REMOVAL (Specify) Buried — DATE THEREOF 8/28/51 — NAME OF CEMETERY OR CREMATORY Silver Brook — LOCATION (City, town, or county) Wilmington (State) Del.

DATE REC'D BY LOCAL REG. 8/27/51 — REGISTRAR'S SIGNATURE N. H. Neeries — 24. FUNERAL DIRECTOR [signature] — ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1951
BUREAU V. S.

08327

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Talbot MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Dorchester |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 2 das. 3 hrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital | STREET ADDRESS (If rural, give location) Near Edonado ✓ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Charles | (Middle) Henry | (Last) Eagon. | 4. DATE OF DEATH | (Month) Aug. (Day) 31 (Year) 1951 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Mar 16 1878 | 9. AGE last birthday 73 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer (RETIRED) | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13. FATHER'S NAME Charles Eagon | 14. MOTHER'S MAIDEN NAME Mary Collins | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 213-01-7983 | 17. INFORMANT Miss Donald Wheatley | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Myocardial Infarction | 3 days |
| 420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Coronary Occlusion | 3 day |
| 93d | (c) | Arteriosclerotic Heart Disease | ? |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 8/28, 19..., to 8/31/, 1951 that I last saw the deceased alive on Aug. 31, 1951, and that death occurred at 1 20 a m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| B Cox | M.D. | Easton Md | |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9/2/51 | NAME OF CEMETERY OR CREMATORY East New Market | LOCATION (City, town, or county) East New Market (State) Md |
| DATE REC'D BY LOCAL REG. 9/1/51 | REGISTRAR'S SIGNATURE N. H. Neeries | 24. FUNERAL DIRECTOR Paul J Smith, Sharpstown. Md | ADDRESS |

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08328

# CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) O. (Last) Haddaway
4. DATE OF DEATH (Month) Aug (Day) 13. (Year) 1951
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH July 14 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Capt Police Boat
10b. KIND OF BUSINESS OR INDUSTRY Reserve
11. BIRTHPLACE (State or foreign country) Wittman Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph J. Haddaway
14. MOTHER'S MAIDEN NAME Emily B. Haddaway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) War 1 (If yes, give war or dates of service) War 1
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Russell O Haddaway Wittman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940 to Aug 13, 1951, that I last saw the deceased alive on Aug 13, 1951, and that death occurred at 1.10 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gwynn Reeser Mt. ADDRESS Tilghman Md DATE SIGNED Aug 15-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 16, 1951
NAME OF CEMETERY OR CREMATORY Christ Cemetery
LOCATION (City, town, or county) St. Michaels (State) Md

DATE REC'D BY LOCAL REG. Aug. 15-51
REGISTRAR'S SIGNATURE G. Wesley Sewell
24. FUNERAL DIRECTOR Newnam + Harrison, ADDRESS St. Michaels.

773936 Md

RECEIVED
AUG 20 1951
BUREAU V. S.

08329

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 24 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rural
STREET ADDRESS (If rural, give location) RFD #1

3. NAME OF DECEASED (Type or Print) (First) Joyce (Middle) Ann (Last) Harris
4. DATE OF DEATH (Month) Aug (Day) 11 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 5/27/51
9. AGE last birthday Twelve yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Memorial Hosp. Easton Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr Amos Harris
14. MOTHER'S MAIDEN NAME Barbara Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Amos Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Heart Failure. | |
| 754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Congenital Malf. of Heart - Cyanotic | Birth on |
| 157e | (c) Possible Complete Transposition of Great Vessels. | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1951, to 8-11, 1951, that I last saw the deceased alive on 8-11, 1951, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE John E. Baybutt, (Degree or title) M.D. ADDRESS 214 Dover St Easton Md DATE SIGNED 8-15-51

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF Aug. 14th
NAME OF CEMETERY OR CREMATORY Peerless Cemetery
LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REG. 8/12/51
REGISTRAR'S SIGNATURE M. H. Neerius
24. FUNERAL DIRECTOR J. Virgil Moore ADDRESS Low Denton

20527181404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 (T)

RECEIVED
AUG 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08330

# CERTIFICATE OF DEATH

Reg. Dist. No. 2-70

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton

STREET ADDRESS (If rural, give location) 7 North 4th Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Henke

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov 11, 1877

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silversmith

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr William Henke

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT: Mrs Caroline Henke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Barbiturate Poisoning — Interval Between Onset and Death: 12 hrs

970.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

163 B (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28/, 1951, to 8/29/1951, that I last saw the deceased alive on 8/28/, 1951, and that death occurred at 11 38 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 8/29/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug 31, 1951

NAME OF CEMETERY OR CREMATORY: Denton

LOCATION (City, town, or county) (State): Denton Md

DATE REC'D BY LOCAL REG. 8/29/51

REGISTRAR'S SIGNATURE: M. H. Nevins

24. FUNERAL DIRECTOR: J. Virgil Jones Funeral Home ADDRESS Md

VS. A15

RECEIVED
SEP 7 1951
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08331

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton · LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Dorothy (Middle) (Last) Lynch
4. DATE OF DEATH (Month) Aug (Day) 5 (Year) 1957
5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: April 23, 1920
9. AGE last birthday: 31 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr Calvin Edwards
14. MOTHER'S MAIDEN NAME: Ella Tribbett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mrs Ella T. Edwards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive Pulmonary Embolism

673.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cesarean Section

149 b (c) Contracted Pelvis etc

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1951, to Aug 5, 1951, that I last saw the deceased alive on Aug 5, 1951, and that death occurred at 11:00 p m., from the causes and on the date stated above.

SIGNATURE: W N Palmer (Degree or title) Md. ADDRESS: Easton, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/8/51
NAME OF CEMETERY OR CREMATORY: Greensboro
LOCATION (City, town, or county) (State): Greensboro Md.
DATE REC'D BY LOCAL REG.: 8/6/51
REGISTRAR'S SIGNATURE: N. H. Neeres
24. FUNERAL DIRECTOR: R. B. Rawlings ADDRESS: Greensboro Md

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 15 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

Not CB 08332

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Oregon COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Portland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) Clinton (Last) Newton
4. DATE OF DEATH (Month) Aug (Day) 13 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar 8 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoe Business
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greenfield Mass
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Newton
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 542-18-9307
17. INFORMANT Mrs A. C. Newton St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Sclerosis, Uremia (acute) Arteriosclerotic Nephritis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis, Cerebral Arterisclerosis

131a (c) Senility

INTERVAL BETWEEN ONSET AND DEATH: 8 yrs plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from June 15, 1951, to Aug 13, 1951, that I last saw the deceased alive on Aug. 12, 1951, and that death occurred at 1.30 A.m., from the causes and on the date stated above.

SIGNATURE Philip B. Lewis (Degree or title) M.D. ADDRESS St. Michaels, Maryland DATE SIGNED 8.16.51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 16 1951
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) St. Michaels (State) Md
DATE REC'D BY LOCAL REG. Aug 17, 51
REGISTRAR'S SIGNATURE Mrs Robt. L. Seth
24. FUNERAL DIRECTOR Newnam & Harrison ADDRESS St. Michaels Md

T

VV 657

RECEIVED
AUG 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08333

Reg. Dist. No. 290

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Brookletts Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location) Brookletts Avenue

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Charles | Harding | Pierce | Aug | 13 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Widowed | Feb 5 1862 | 89 yrs | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Salesman, Hardware | Hardware | Talbot Co. Md. | U. S. |

13. FATHER'S NAME: Joshua Pierce

14. MOTHER'S MAIDEN NAME: Marcella Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs. A. C. Todd, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Hemorrhage | 12 hrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma of stomach | 1 yr ? |
| | (c) | |

151 X
460

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from ....., 19 46, to 8/13/, 19 51, that I last saw the deceased alive on 8/13/, 19 51, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE R Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Aug. 15, 1951 | Spring Hill | Easton | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 8/14/51 | M. H. Harris | Todd | Easton Md |

490 686

RECEIVED
AUG 21 1951
BUREAU V. S.

08334

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastoh Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Percy (Middle) (Last) Ross
4. DATE OF DEATH (Month) August (Day) 6 (Year) 51 19

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S.
8. DATE OF BIRTH Jan 26, 1925
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Allen Ross
14. MOTHER'S MAIDEN NAME Annie Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Annie Ross

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized peritonitis & shock
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Perforating wound of abdomen
(c)

911.3
185

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-4-51 4PM
19b. MAJOR FINDINGS OF OPERATION Perf. wound of sigmoid
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) factory
(CITY OR TOWN) in Trappe (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 8 (Day) 3 (Year) 51 (Hour) c8P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? backed into by com husk lifter

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Lain Whitty MD (Degree or title) DME ADDRESS Easton Md DATE SIGNED 8-6-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/9/51
NAME OF CEMETERY OR CREMATORY Trappe
LOCATION (City, town, or county) Trappe (State)

DATE REC'D BY LOCAL REG. 8/7/51
REGISTRAR'S SIGNATURE N. H. Neerius
24. FUNERAL DIRECTOR Lewis H. Bayneum ADDRESS Cambridge Md

970 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 27 1954
BUREAU V. S.

08335

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bertie (Middle) May (Last) Rozier

4. DATE OF DEATH (Month) Aug. (Day) 15th (Year) 1951

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 21 1918
9. AGE last birthday 33 yrs. If under 1 year Months 6 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or on if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Canning factory
11. BIRTHPLACE (State or foreign country) Trappe Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME John Rosier
14. MOTHER'S MAIDEN NAME Adell Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-07-1443
17. INFORMANT AND ADDRESS Mrs Adell Rozier, Trappe, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH 3 days

434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

932 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 13th, 1951, to Aug. 15th, 1951, that I last saw the deceased alive on Aug. 15th, 1951, and that death occurred at 11.45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William S. Seymour MD. ADDRESS Trappe DATE SIGNED Aug 16th/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/18/1951
NAME OF CEMETERY OR CREMATORY Trappe
LOCATION (City, town, or county) Trappe (State) Md.

DATE REC'D BY LOCAL REG. 8/16/51
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Herbert M. St. Clair Jr. ADDRESS Cambridge Md.

970408

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1951
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08336

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 35 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Aurora St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location) Aurora St.

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) Neal (Last) Stafford

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 13 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months 9; Days 9; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. A. Frank Neal

14. MOTHER'S MAIDEN NAME: Sarah Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lucy N. Hallett, Aurora St. Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute pulmonary Congestion | 24 hrs. |
| 422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d | (b) Chronic Myocarditis | 1 year |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Tyler Baker M.D. | ADDRESS: Easton | DATE SIGNED: 8-24-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug. 25, '51 | NAME OF CEMETERY OR CREMATORY: Skipton Farm Cemetery | LOCATION (City, town, or county) (State): Skipton, Talbot Co. Maryland

DATE REC'D BY LOCAL REG. 8/23/51 | REGISTRAR'S SIGNATURE: N. L. Norris | 24. FUNERAL DIRECTOR: John R. Williams | ADDRESS: Easton, Md.

RECEIVED
AUG 28 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

08337

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Del. — COUNTY: New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Castle, Del (Rural)
STREET ADDRESS (If rural, give location): Du Pont Highway.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) G (Last) Strawbridge
4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 21, 1899
9. AGE last birthday: 52 yrs. — If under 1 year: Months 0 Days 19 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofing & Sheet Metal
10b. KIND OF BUSINESS OR INDUSTRY: worker
11. BIRTHPLACE (State or foreign country): Hockendauqua Penna
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Edwin - G. Strawbridge
14. MOTHER'S MAIDEN NAME: Susanna - Doud
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 221-03-5708
17. INFORMANT AND ADDRESS: Chandler H. Gebhardt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 45 hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the ~~deceased from~~ PM, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c 4P m., from the causes and on the date stated above.

SIGNATURE: Louis S Wetty MD (Degree or title) DME — ADDRESS: Easton Md. — DATE SIGNED: 8-9-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 13, 1951 — NAME OF CEMETERY OR CREMATORY: New Castle Del. — LOCATION (City, town, or county) (State): New Castle Del.

DATE REC'D BY LOCAL REG.: 8/10/51 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: Newnam & Harrison — ADDRESS: St. Michaels Md.

591246

RECEIVED
AUG 21 1951
BUREAU V. S.

08338

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Thomas
4. DATE OF DEATH (Month) Aug (Day) 30 (Year) 1951
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 11, 1949
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Royal Oak
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Elwood Keen
14. MOTHER'S MAIDEN NAME Lucy Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Elwood Keen, Bellevue, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Uremia | -3 days |
| 592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131b | (b) "Nephrotic Syndrome" Chronic Nephritis | 1½ yrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 19....., to 8-30, 1951, that I last saw the deceased alive on 8-30, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE John E. Baylett (Degree or title) M.D. ADDRESS 214 Dover St Easton Md DATE SIGNED 8/3/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 1951
NAME OF CEMETERY OR CREMATORY Colored Cemetery
LOCATION (City, town, or county) Royal Oak (State) Md
DATE REC'D BY LOCAL REG. 8/31/51
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Newnam & Harrison, St. Michaels Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
SEP 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

08339

Reg. Dist. No. 296

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Caroline Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Easton Hospital - ~~Caroline~~ County

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| CARROLL | CASPER | UNSWORTH | Aug. 15, 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | June 30 1908 | 43 yrs. | 1 | 15 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Labor | Farmer | Centreville Md | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Samuel Unsworth | Alice Elmes |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | | Edna M. Cole Centreville Md |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal hemorrhage due to rupture of liver and right kidney

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

8165
170 C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes [X] No [ ] |

| 21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] ~~CAUSE OF~~ DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Road | Route 404, Hillsboro & Ridgely Roads | Caroline County, | Maryland |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work [ ] Not while at work [X] | HOW DID INJURY OCCUR? |
|---|---|---|
| Aug. 15-51 8:25A. m. | | Auto & Auto collision |

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

| SIGNATURE | (Degree or title) ADDRESS | DATE SIGNED |
|---|---|---|
| Stanley H. Dunladen | Assistant Med. Examiner-700 Fleet St., Balto., Md. | 8-15-51 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Aug. 18/51 | Chesterfield Cemetery | Centreville Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 8/16/51 | M.H. Meredith | Emlen Stafford |

820105

RECEIVED
AUG 31 1951
BUREAU V. S.

08454

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Willis
4. DATE OF DEATH (Month) Aug (Day) 6 (Year) 1957
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 21, 1944
9. AGE last birthday: 7 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Denton Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Willis
14. MOTHER'S MAIDEN NAME: Norma Layton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wnr or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs William Willis Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Epilepsy — 2 yrs

353.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral atrophy following — 2 yrs

85 (c) Severe Rocky Mt Spotted Fever

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 1951, to 8-6, 1951, that I last saw the deceased alive on 8-6, 1951, and that death occurred at 7 45 A m., from the causes and on the date stated above.

SIGNATURE: B Cox — (Degree or title) M D — ADDRESS: Easton Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/8/57 — NAME OF CEMETERY OR CREMATORY: Denton — LOCATION (City, town, or county) (State): Denton Md

DATE REC'D BY LOCAL REG.: 8/7/57 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: J. Fergus Moore Dow — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
AUG 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08340

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 29 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Albert (Last) Wright

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov 15 1896

9. AGE last birthday 54 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Hucksters

11. BIRTHPLACE (State or foreign country): Md Dorchester Co.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr John Albert Wright

14. MOTHER'S MAIDEN NAME: Guillimine Dudley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown 215-09-5461

17. INFORMANT: Mrs. Wm. Carl Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerotic Heart Disease — Interval Between Onset and Death: 2 yrs.

420.0 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24/51, 19 51, to 8/26/51, 19 51, that I last saw the deceased alive on Aug 26, 19 51, and that death occurred at 3 20 a.m., from the causes and on the date stated above.

SIGNATURE B Cof (Degree or title) M D ADDRESS Easton Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 8/29/51; NAME OF CEMETERY OR CREMATORY Grove; LOCATION (City, town, or county) (State) Federalsburg, Md. (R)

DATE REC'D BY LOCAL REG. 8/27/51; REGISTRAR'S SIGNATURE N.R. Nefries

24. FUNERAL DIRECTOR ADDRESS J J Trampton Son Federalsburg Md.

430636

VS. A15

RECEIVED
SEP 5 1951
BUREAU V. S.